



CardinalCare
Virginia's Medicaid Program

Medicare and Medicaid Working Together

Aetna Medicare Better Health (HMO D-SNP) | 2025 Summary of Benefits

January 1, 2025 – December 31, 2025

H1610-001

Introduction

This document is a brief summary of the benefits and services covered by Aetna Medicare Better Health (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Aetna Medicare Better Health (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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If you have questions, please call Aetna Medicare Better Health (HMO D-SNP) at 1-855-463-0933, (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit AetnaBetterHealth.com/Virginia-hmosnp.

Y0001_H1610_001_DS17_SB2025_M

A. Disclaimers



This is a summary of health services covered by Aetna Medicare Better Health (HMO D-SNP) for 2025. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. You can find the *Evidence of Coverage* at [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp) or request a copy by calling Member Services at 1-855-463-0933 (TTY: [711](tel:711)).

- Aetna Medicare Better Health (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the Virginia Medicaid Program. Enrollment in Aetna Medicare Better Health depends on contract renewal.
- Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Member Services number or see your *Evidence of Coverage* for more information.
- The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.
- For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call 1-855-463-0933 (TTY: [711](tel:711)) 8 AM to 8 PM, 7 days a week if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery.
- See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. Plan features and availability may vary by service area.
- Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.
- Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health family of companies.
- Other providers are available in our network.
- SilverSneakers is a registered trademark of Tivity Health, Inc. ©2024 Tivity Health, Inc. All rights reserved.
- To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call 1-800-MEDICARE (TTY users should call [1-877-486-2048](tel:18774862048)), 24 hours a day/7 days a week. If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.
- ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call Aetna Medicare Better Health (HMO D-SNP) Member Services at the number listed at the bottom of this page. The call is free.
- **To get information from us in a way that works for you (in languages other than English, in braille, in large print, or other formats), call Member Services at the number listed at the bottom of this page. The call is free. We have people and free interpreter services available to answer questions from disabled and non-English speaking members.**



If you have questions, please call Aetna Medicare Better Health (HMO D-SNP) at 1-855-463-0933, (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp).

- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-855-463-0933 (TTY: [711](tel:1-855-463-0933)) 8 AM to 8 PM, 7 days a week. The call is free.
- This document is available for free in Spanish. Este documento está disponible sin cargo en español.
- This document is available for free in Vietnamese. Tài liệu này có sẵn miễn phí bằng Tiếng Việt.
- This document is available for free in Arabic. يتوفر هذا المستند مجاناً بالعربية.
- If there is an additional language or alternate format you need, or you would like to change your preferred language, please call Member Services. Your preferred language will be stored, however if you want to change your selection for the future, you will need to call Member Services.

For more information about **Medicare**, you can read the *Medicare & You* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call [1-877-486-2048](tel:1-877-486-2048).

- For more information about Aetna Medicare Better Health (HMO D-SNP), you can check the Virginia Department of Medical Assistance Services website at dmas.virginia.gov. You can also call the Virginia Office of the State Long Term Care Ombudsman, which advocates for people who have both Medicare and Medicaid, at 1-800-552-5019 (or [711](tel:1-800-552-5019) for Virginia Relay).

Form Approved
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Multi-Language Insert Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-463-0933. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-463-0933. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-463-0933。我们的中文工作人员很乐意帮助您。这是一项免费服务。



If you have questions, please call Aetna Medicare Better Health (HMO D-SNP) at 1-855-463-0933, (TTY: [711](tel:1-855-463-0933)), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit AetnaBetterHealth.com/Virginia-hmosnp.

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-463-0933。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-463-0933. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-463-0933. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-463-0933. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-463-0933. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-463-0933. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-463-0933. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-855-463-0933. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-463-0933 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-463-0933. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.



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Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-463-0933. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-463-0933. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-463-0933. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-855-463-0933. にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele ‘ōlelo kā mākou i mea e pane ‘ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā‘au lapa‘au paha. I mea e loa‘a ai ke kōkua māhele ‘ōlelo, e kelepona mai iā mākou ma 1-855-463-0933. E hiki ana i kekahi mea ‘ōlelo Pelekānia/‘Ōlelo ke kōkua iā ‘oe. He pōmaika‘i manuahi kēia.

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Form CMS-10802
(Expires 12/31/25)

Multi-Language Insert Multi-language Interpreter Services Additional Languages

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-463-0933. Someone who speaks English can help you. This is a free service.

Amharic: የጤና ወይም የመድኃኒት ዕቅዳችንን በሚመለከት ሊኖርዎ ስለሚችል ማንኛውም ጥያቄዎች መልስ ለመስጠት ነፃ የአስተርጓሚ አገልግሎት አለን። አስተርጓሚ ለማግኘት፣ ይደውሉልን በ 1-855-463-0933 ። አማርኛ መናገር የምችል ሰው እርስዎን መርዳት ይችላል ይህ ነፃ አገልግሎት ነው።

Urdu: ہمارے ہیلتھ یا ڈرگ پلان کے بارے میں آپ کے کسی بھی سوال کا جواب دینے کے لیے ہمارے پاس مفت ترجمان کی خدمات ہیں۔ مترجم حاصل کرنے کے لیے بس ہمیں کال کریں۔ 1-855-463-0933 - کوئی جو بولتا ہے اردو آپ کی مدد کر سکتے ہیں۔ یہ ایک مفت سروس ہے۔



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Farsi (Persian): ما خدمات مترجم شفاهی رایگان داریم تا به هر سؤالی که ممکن است در مورد طرح سلامت یا داروی خود داشته باشید، پاسخ دهیم. برای دسترسی به مترجم شفاهی، فقط با شماره 1-855-463-0933 تماس بگیرید. کسی که حرف به زبان فارسی حرف میزند میتواند به شما کمک کند. این خدمات رایگان است.

Dari: ما خدمات رایگان ترجمان داریم تا به هر سوال که شما ممکن است در مورد طرح صحت یا دواي خود داشته باشید جواب دهیم. برای دریافت ترجمان صرف با شماره 1-855-463-0933 با ما تماس بگیرید. کسی که به دری صحبت میکند، میتواند به شما کمک کند. این یک خدمت رایگان است.

Pashto: مور د ژباړونکي وړيا خدمتونه لرو ترڅو زموږ د روغتيا يا درملو پلان په اړه هرې پوښتنې ته ځواب ووايي. د ژباړونکي ترلاسه کولو لپاره مور ته په 1-855-463-0933 شمېرې زنگ ووهئ. هغه څوک چې په پښتو خبرې کوي کولای شي چې له تاسو سره مرسته وکړي. دا يو وړيا خدمت دی.

Telugu: మా ఆరోగ్యం మరియు ఔషధ ప్రణాళిక గురించి మీకు ఏవైనా ప్రశ్నలు ఉంటే సమాధానం ఇవ్వడానికి మా వద్ద ఉచిత వ్యాఖ్యాత సేవలు ఉన్నాయి. వ్యాఖ్యాతను పొందడానికి మాకు ఇక్కడ కాలి చేయండి 1-855-463-0933. ఆ భాష మాట్లాడే ఎవరో ఒకరు మీకు సహాయం చేయవచ్చు. ఇది ఉచిత సేవ.

Nepali: हाम्रो स्वास्थ्य वा औषधि योजनाको बारेमा तपाईंमा हुन सक्ने कुनै पनि प्रश्नहरूको जवाफ दिन हामीसँग नि: शुल्क अनुवाद सेवाहरू छन्। दोभाषे प्राप्त गर्न केवल हामीलाई यहाँ फोन गर्नुहोस् 1-855-463-0933। नेपाली भाषा बोल्नेले तपाईंलाई मद्दत गर्न सक्छ। यो नि: शुल्क सेवा हो।

Bengali: আমাদের স্বাস্থ্য কিংবা ঔষধের পরিকল্পনা সম্পর্কে আপনার যেকোনো প্রশ্নের উত্তর দেওয়ার জন্য আমরা বিনামূল্যে অনুবাদক পরিষেবা প্রদান করে থাকি। একজন অনুবাদক পাওয়ার জন্য কেবল 1-855-463-0933 নম্বরে ফোন করুন। বাংলা ভাষায় কথা বলে এমন কেউ আপনাকে সাহায্য করতে পারেন। এই পরিষেবার জন্য আপনাকে কোনো অর্থ প্রদান করতে হবে না।

Igbo: Anyị nwere orụ onye nsugharị n'efu ga-aza ajuju inwere ike inwe gbasara atumatụ ahụike na oḡwụ anyị. Iji nweta onye nsugharị naanị kpọọ anyị na 1-855-463-0933. Onye na-asụ Igbo ga-enyere gi aka. Nke a bụ orụ n'efu.



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B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
<p>What is Aetna Medicare Better Health (HMO D-SNP)?</p>	<p>A Virginia Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) is a managed health care option for Virginia Cardinal Care members with Medicare. A Virginia FIDE SNP covers all of your Medicare, Cardinal Care (Medicaid) and prescription drug benefits, including Medicare Part D, and extra benefits, in one health plan, with one Member Identification (ID) Card, and no copays for medical services or prescription drugs. A FIDE SNP coordinates all of your care.</p> <p>If you join a FIDE SNP, you do not lose any of your Cardinal Care, Managed Long Term Services and Supports (MLTSS), or Medicare benefits. Every service you have with Cardinal Care and Medicare is still available, along with access to some additional services.</p> <p>To be eligible to enroll in a FIDE SNP in Virginia, you must be entitled to Medicare Parts A and B and eligible for full Cardinal Care benefits.</p> <p>You must also live in the plan’s “service area” (the counties where that plan is offered). The counties that make up the Aetna Medicare Better Health (HMO D-SNP) service area are listed on page 10 of this document.</p>



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Frequently Asked Questions	Answers
<p>Will I get the same Medicare and Cardinal Care Medicaid benefits in Aetna Medicare Better Health (HMO D-SNP) that I get now?</p>	<p>You will get most of your covered Medicare and Cardinal Care benefits directly from Aetna Medicare Better Health (HMO D-SNP). You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor care manager's or care coordinator's assessment. You may also get other benefits outside of your health plan the same way you do now directly from a State or county agency, or regional center services.</p> <p>When you enroll in Aetna Medicare Better Health (HMO D-SNP), you and your Care Team will work together to develop an Individualized Care Plan (ICP) that addresses your health and support needs and reflects your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that Aetna Medicare Better Health (HMO D-SNP) does not normally cover, you can get a temporary supply, and we will help you to transition to another drug or get an exception for Aetna Medicare Better Health (HMO D-SNP) to cover your drug if medically necessary. Medicaid may cover drugs through Cardinal Care that are not covered by Medicare. For more information, call Member Services at the numbers listed at the bottom of this page.</p>



If you have questions, please call Aetna Medicare Better Health (HMO D-SNP) at 1-855-463-0933, (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp).

Frequently Asked Questions	Answers
Can I use the same health care providers I use now?	<p>That is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Aetna Medicare Better Health (HMO D-SNP) and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in the Aetna Medicare Better Health (HMO D-SNP) network. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of the Aetna Medicare Better Health (HMO D-SNP) plan network. Aetna Medicare Better Health (HMO D-SNP) covers urgent or emergency care worldwide. • If you are currently under treatment with a provider that is out of Aetna Medicare Better Health (HMO D-SNP)’s network, or have an established relationship with a provider that is out of Aetna Medicare Better Health (HMO D-SNP)’s network, you can stay connected with your existing provider for a period of time. Call Member Services to check about staying connected. <p>To find out if your providers are in the plan’s network, call Member Services or read the Aetna Medicare Better Health (HMO D-SNP) <i>Provider and Pharmacy Directory</i> on the plan’s website at AetnaBetterHealth.com/Virginia-hmosnp/find-provider.</p> <ul style="list-style-type: none"> • If Aetna Medicare Better Health (HMO D-SNP) is new for you, we will work with you to develop an Individualized Care Plan to address your needs.
What is an Aetna Medicare Better Health (HMO D-SNP) Care Coordinator or a Care Manager?	<p>An Aetna Medicare Better Health (HMO D-SNP) care coordinator or care manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.</p>
What are Long-Term Services and Supports (LTSS)?	<p>Long-Term Services and Supports (LTSS) provide help to people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Aetna Medicare Better Health (HMO D-SNP) provides LTSS if you are found to be eligible through the LTSS screening process. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. In some cases, a county or other agency may provide these services, and your care team will work with that agency.</p>



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Frequently Asked Questions	Answers
What happens if I need a service but no one in Aetna Medicare Better Health (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Aetna Medicare Better Health (HMO D-SNP) will cover services provided by an out-of-network provider.
Where is Aetna Medicare Better Health (HMO D-SNP) available?	The service area for this plan includes: Virginia: Accomack, Albemarle, Alexandria City, Alleghany, Amelia, Amherst, Appomattox, Arlington, Augusta, Bath, Bedford, Bland, Botetourt, Bristol City, Brunswick, Buchanan, Buckingham, Buena Vista City, Campbell, Caroline, Carroll, Charles City, Charlotte, Charlottesville City, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Culpeper, Cumberland, Danville City, Dickenson, Dinwiddie, Emporia City, Essex, Fairfax, Fairfax City, Falls Church City, Fauquier, Floyd, Fluvanna, Franklin, Franklin City, Frederick, Fredericksburg City, Galax City, Giles, Gloucester, Goochland, Grayson, Greene, Greensville, Halifax, Hampton City, Hanover, Harrisonburg City, Henrico, Henry, Highland, Hopewell City, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee, Lexington City, Loudoun, Louisa, Lunenburg, Lynchburg City, Madison, Manassas City, Manassas Park City, Martinsville City, Mathews, Mecklenburg, Middlesex, Montgomery, Nelson, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Norton City, Nottoway, Orange, Page, Patrick, Petersburg City, Pittsylvania, Poquoson City, Portsmouth City, Powhatan, Prince Edward, Prince George, Prince William, Pulaski, Radford City, Rappahannock, Richmond, Richmond City, Roanoke, Roanoke City, Rockbridge, Rockingham, Russell, Salem City, Scott, Shenandoah, Smyth, Southampton, Spotsylvania, Stafford, Staunton City, Suffolk City, Surry, Sussex, Tazewell, Virginia Beach City, Warren, Washington, Waynesboro City, Westmoreland, Williamsburg City, Winchester City, Wise, Wythe, York You must live in one of these areas to join the plan.



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Frequently Asked Questions	Answers
What is prior authorization?	<p>Prior authorization means that you must get an approval from Aetna Medicare Better Health (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network before you get the services. Aetna Medicare Better Health (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Aetna Medicare Better Health (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Aetna Medicare Better Health (HMO D-SNP) before the service is provided.</p> <p>Refer to Chapter 3, of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.</p>
Do I pay a monthly amount (also called a premium) under Aetna Medicare Better Health (HMO D-SNP)?	No. Because you have Cardinal Care, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Aetna Medicare Better Health (HMO D-SNP)?	No. You do not pay deductibles in Aetna Medicare Better Health (HMO D-SNP).
What is the maximum out-of-pocket amount that I will pay for medical services as a member of Aetna Medicare Better Health (HMO D-SNP)?	There is no cost sharing for medical services in Aetna Medicare Better Health (HMO D-SNP), so your annual out-of-pocket costs will be \$0. Members who get LTSS, including skilled and custodial nursing facility placement and CCC Plus Waiver Services, may have a monthly patient pay amount as determined by the Virginia Department of Social Services.



If you have questions, please call Aetna Medicare Better Health (HMO D-SNP) at 1-855-463-0933, (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit AetnaBetterHealth.com/Virginia-hmosnp.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital care	\$0	Except in an emergency, your health care provider must tell the plan about your hospital admission. Prior authorization may be required.
	Outpatient hospital services, including observation	\$0	Prior authorization may be required.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization may be required.
	Doctor or surgeon care	\$0	
You want to use a health care provider	Visits to treat an injury or illness	\$0	
	Preventive care (care to keep you from getting sick, such as flu shots and screenings to check for cancer)	\$0	
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” (preventive visit one time only)	\$0	
	Specialist care	\$0	



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need emergency care</p>	<p>Emergency room services</p>	<p>\$0</p>	<p>You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization, and the hospital does not have to be in-network. Emergency room services are also covered outside of the U.S. Contact the plan for details.</p> <p>We cover emergency and urgent care worldwide.</p> <p>Maximum coverage: \$50,000 (the most we'll pay for your worldwide emergency and urgent care combined, including ambulance)</p> <p>You may go to any emergency room if you reasonably believe you need emergency care. You do not need prior authorization, and you do not have to be in-network.</p> <p>Urgently needed care includes treatment for a health condition that is necessary within 24 hours to prevent the condition from getting worse. You do not need prior authorization and you do not have to be in-network.</p>
	<p>Urgent care</p>	<p>\$0</p>	<p>Urgently needed services are not emergency care. You do not need prior authorization and the urgent care center does not have to be in-network.</p>
<p>You need medical tests</p>	<p>Lab tests and diagnostic procedures, such as blood work</p>	<p>\$0</p>	<p>Prior authorization may be required.</p>
	<p>Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)</p>	<p>\$0</p>	<p>Prior authorization may be required.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need hearing/auditory services</p>	<p>Hearing screenings (including routine hearing exams)</p>	<p>\$0</p>	
	<p>Hearing aids (as well as fittings and associated accessories and supplies)</p>	<p>\$0</p>	<p>Hearing exam and \$1,500 for hearing aids plus 60 batteries per year Hearing aids must be purchased through Nations Hearing.</p>
<p>You need dental care</p>	<p>Dental check-ups and preventive care</p>	<p>\$0</p>	<p>Cardinal Care provides a full range of dental care for both children and adults through DentaQuest, its Medicaid Dental Benefits Administrator. Contact 888-912-3456 for information or visit dentaquest.com/en/members/virginia-medicaid-dental-coverage.</p> <p>Prior authorization may be required.</p> <p>Additional coverage may be available under your Medicare dental allowance. Please see the Evidence of Coverage for more details.</p>

(continued on the next page)



If you have questions, please call Aetna Medicare Better Health (HMO D-SNP) at 1-855-463-0933, (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit AetnaBetterHealth.com/Virginia-hmosnp.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued from previous page)			
	Restorative and emergency dental care	\$0	<p>Cardinal Care provides coverage for restorative and emergency dental care. Braces for adults over age 21 are not covered. Contact DentaQuest for coverage information.</p> <p>To locate a network provider, you may contact Member Services at 1-855-463-0933 (TTY: 711), or search the DentaQuest online provider directory at dentaquest.com/en/members/virginia-medicaid-dental-coverage.</p> <p>You get an annual benefit amount (allowance) of \$3,000 for covered dental services. You are responsible for any costs over this amount.</p> <p>Covered dental services include oral exams, x-rays, cleanings, fillings, extractions, crowns, and more. We have teamed up with DentaQuest to provide your dental coverage.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye exams	\$0	Your plan covers diagnostic examinations and optometric treatment procedures provided by ophthalmologists, optometrists, and opticians.
	Glasses or contact lenses	\$0	<p>Under 21 - Your plan provides Preventive visits, Eyeglasses (including a replacement for glasses that are lost, broken, or stolen) and other Vision Services.</p> <p>Adult Vision Services (21 and over) - Your plan provides one eye exam and a \$250 allowance towards eyeglasses and contacts per year.</p> <p>Your plan also covers one pair of eyeglasses or contact lenses after cataract surgery.</p>
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You have a mental health condition</p>	<p>Mental Health Services</p>	<p>\$0</p>	<p>Your plan provides coverage for a full range of inpatient and outpatient mental health services, including substance use disorder services. Please see the next row for information on some of the specialty mental health services we provide.</p> <p>Prior authorization may be required.</p>
	<p>Inpatient and outpatient care and community-based services for people who need Mental Health Services</p>	<p>\$0</p>	<p>Your plan provides coverage for inpatient and outpatient mental health services including, but not limited to, crisis intervention and psychiatric hospitalization, case management, therapeutic and rehabilitative services, and residential treatment.</p> <p>Prior authorization may be required.</p>
<p>You need a substance use disorder service</p>	<p>Substance use disorder services</p>	<p>\$0</p>	<p>Through the Cardinal Care Addiction and Recovery Treatment Services (ARTS) program, your plan provides coverage for a full range of addiction treatment services, including outpatient and intensive outpatient services, case management, residential and opioid treatment services.</p> <p>Prior authorization may be required.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	\$0	Your plan provides coverage for skilled and intermediate nursing facility care. Prior authorization may be required.
	Nursing home care	\$0	Prior authorization may be required.
	Adult Foster Care and Group Adult Foster Care	\$0	
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	
You need help getting to health services	Ambulance services	\$0	Ambulance services for other cases (non-emergent) must be approved by us. In cases that are not emergencies, we may pay for an ambulance. Your condition must be serious enough that other ways of getting to a place of care could risk your life or health. Prior authorization may be required.
	Emergency transportation	\$0	In emergency situations includes ground (ambulance) and air (airplane and helicopter) transportation. The transportation will take you to the nearest place that can give you care.
	Transportation to medical appointments and services	\$0	Unlimited medical rides and rides to pharmacy. Your plan also covers 60 one-way visits for rides to grocery stores, food bank, food pantry, places of worship, DMV, library, and exercise classes or gym.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition</p>	<p>Medicare Part B prescription drugs</p>	<p>\$0</p>	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment.</p> <p>Read the <i>Evidence of Coverage</i> for more information on these drugs.</p> <p>Prior authorization may be required.</p>
	<p>Medicare Part D prescription Drugs Tier 1: Generic and Brand drugs</p>	<p>\$0 for a 30-day supply</p>	<p>There may be limitations on the types of drugs covered. Please refer to your plan's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>You can get a one-month, two-month, or 100-day supply of most of your drugs through network retail and mail-order pharmacies. The cost-sharing amount for these extended-day supplies is the same as for a one-month supply.</p>
<p>You need help getting better or have special health needs</p>	<p>Rehabilitation services</p>	<p>\$0</p>	
	<p>Medical equipment for home care</p>	<p>\$0</p>	
	<p>Dialysis services</p>	<p>\$0</p>	
<p>You need foot care</p>	<p>Podiatry services</p>	<p>\$0</p>	<p>For routine covered services, we cover up to three visits every year.</p>
	<p>Orthotic services</p>	<p>\$0</p>	<p>Prior authorization may be required.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need durable medical equipment (DME)</p> <p>Note: This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Evidence of Coverage</i>.</p>	Wheelchairs, crutches, walkers, nebulizers, oxygen equipment and supplies	\$0	<p>Your plan provides coverage for wheelchairs, crutches and walkers, as well as a wide range of other DME items. DME coverage is based on medical necessity and has no maximum benefit limits.</p> <p>Prior authorization may be required.</p>
<p>You need help living at home</p>	Home health services	\$0	<p>Your plan covers home health services, including nursing care, rehabilitation therapies and home aide services. Additionally, the Commonwealth Coordinated Care Plus (CCC Plus) Waiver provides coverage for other long-term services and supports such as private-duty nursing services. Consult with your plan's care team to request a LTSS screening for the CCC Plus Waiver. Some members may qualify for Home and Community Based Waiver Services through the Cardinal Care Medicaid portion of the plan's benefits. This means you can receive care in your home and community instead of a nursing facility. You can choose to receive agency-directed or consumer-directed services, or both. To learn more or to find out if you are eligible, contact your care manager.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from previous page)			
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Home modifications may be covered by Cardinal Care through the CCC Plus Waiver. Modifications may be made to your primary residence or primary vehicle and must enable you to function with greater independence. Speak with your care team to learn more.
	Adult Day Health Services	\$0	Your plan provides these services if you are found to be eligible through the LTSS screening process.
	Day habilitation services	\$0	
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Health care services a member receives at home, including nursing care, home health aide services, rehabilitation therapies and other services. Medicaid Community Support resources may also be available. For more information, see Medicaid Community Supports in Section D of this document.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services	Acupuncture	\$0	Medicare coverage is limited to services to treat chronic low back pain. Non-Medicare covered acupuncture services aren't covered.
	Chiropractic services	\$0	Medicare coverage is limited to fixing a subluxation. Non-Medicare covered chiropractic services aren't covered.
	Diabetes supplies and services	\$0	Prior authorization may be required.
	Prosthetic services	\$0	Your plan provides coverage for medically necessary prosthetics for children under age 21 and for adults and children when recommended as part of an approved intensive rehabilitation program. Prior authorization may be required.
	Radiation therapy	\$0	
	Services to help manage your disease	\$0	Care management or care coordination services are provided to all plan enrollees. Care management provides a more intensive level of service if your health requires it.
Additional services	Your costs		
24-Hour Nurse Line	\$0 You can talk to a registered nurse anytime to discuss health-related questions.		
Aetna Medicare Extra Benefits Card	Extra Supports Wallet You get a \$350 monthly benefit amount (allowance). You can use your Extra Supports Wallet to help pay for certain healthy foods, over-the-counter (OTC) health and wellness products, transportation, utilities, and personal care products.		
Annual Physical Exam	\$0		
Calming Comfort Expansion Collection	Offers members, who are elderly and in a nursing facility or have a diagnosis of moderate to severe anxiety or depression, a kit that may include items such as a sound machine, aromatherapy, light therapy products and weighted pillows & blankets.		



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Additional services	Your costs
Electronic Companion Pets	Members 18+ with memory care issues (i.e., Alzheimer's, dementia) or Intellectual Developmental Disorders (IDD), ages 5-17, can receive one electronic cat, dog or bird per lifetime.
English as a Second Language (ESL)	Members, ages 18+, receive \$250 towards ESL classes to assist in communication in the home/community.
Fall Prevention	You will receive a \$150 annual benefit amount (allowance) to purchase certain approved home and bathroom safety products.
Fitness: Annual physical fitness membership	\$0 You get a basic membership to any SilverSneakers® participating fitness facility. If you prefer to exercise at home, you may order one at-home fitness kit per year through SilverSneakers. If you do not reside near a participating facility, online fitness classes are available at no additional cost to you.
"Keeping Kids Safe" Medication Lockbox	Provides a lockbox to members 18+ who are prescribed opioids and have children in their home.
Legal Services & Supports for Housing	Members, 18+ who are tenants, can receive \$300 for legal assistance through Legal Shield for eviction & tenant problems or security deposit recovery. The \$300 covers a yearly membership with Legal Shield that provides up to 60 hours of legal service.
Meals	After discharge from an Inpatient Acute Hospital to your home, you may be eligible to receive up to 14 meals over a 7-day period delivered to your home. Benefit is provided by Mom's Meals.
Memory Care	Two door alarms and six window locks for members diagnosed with dementia, Alzheimer's or eligible children with special needs.
No-Cost Cell Phone provided by Assurance	No-cost cell phone, call 1-855-463-0933 (TTY: 711) for more details.
Telehealth	\$0 Members have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc or MinuteClinic Video Visit. Prior authorization may be required.
Wigs	\$400 allowance every year This benefit is offered for hair loss as a result of chemotherapy.

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the Aetna Medicare Better Health (HMO D-SNP) *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call Aetna Medicare Better Health (HMO D-SNP) Member Services at the number listed at the bottom of the page to get one. If you have questions, you can also call Member Services or visit [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp).



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D. Benefits covered outside of Aetna Medicare Better Health (HMO D-SNP)

There are some services that you can get that are not covered by Aetna Medicare Better Health (HMO D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This is not a complete list. Call Member Services to find out about these services.

Other services covered directly by Medicare or Medicaid	Your Costs
Medicaid Community Supports	\$0
Developmental Disability waiver services managed through the Department of Behavioral Health and Developmental Services (DBHDS). Provides supports and services to member with developmental disabilities to help with successful living, learning, physical and behavioral health, employment, recreation, and community inclusion.	\$0
Developmental disability support coordination	\$0
Transportation to Building Independence (BI), Community Living (CL), and Family and Individual Supports (FIS) waiver services	\$0

E. Services that Aetna Medicare Better Health (HMO D-SNP), Medicare, and Medicaid do not cover

This is not a complete list. Call Member Services at the number listed at the bottom of this page to find out about other excluded services.

Services Aetna Medicare Better Health (HMO D-SNP), Medicare, and Medicaid do not cover
Services not considered "reasonable and necessary" according to standards of Medicare and Cardinal Care
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study
Surgical treatment for morbid obesity except when medically necessary
Elective or voluntary enhancement procedures
Cosmetic surgery or other cosmetic work unless required criteria are met
LASIK surgery
Nursing services provided in a Christian Science Sanatorium



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F. Your rights as a member of the plan

As a member of Aetna Medicare Better Health (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*.

Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance.
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year.
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. Aetna Medicare Better Health (HMO D-SNP) will pay for the cost of your second opinion visit.
 - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your healthcare providers and your health plan.



If you have questions, please call Aetna Medicare Better Health (HMO D-SNP) at 1-855-463-0933, (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetnabetterhealth.com/virginia-hmosnp).

- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior authorization
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
 - File a complaint with the Virginia Department of Medical Assistance Services Member Helpline at 1-804-786-6145 (hearing impaired members contact Virginia Relay at [711](tel:711)). The Aetna Medicare Better Health (HMO D-SNP) website [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp) has instructions available online.
 - Ask for an IMR of Medicaid services or items that are medical in nature.
 - Ask for a State Fair Hearing
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call Aetna Medicare Better Health (HMO D-SNP) Member Services.

You can also call the Virginia Office of the State Long Term Care Ombudsman for assistance. An “ombudsman” is an advocate who can assist you to resolve problems with plan coverage, plan benefits, health care, behavioral health care and long-term care services and supports. You can contact the Ombudsman at 1-800-552-5019 (TTY users call Virginia Relay at [711](tel:711)).



If you have questions, please call Aetna Medicare Better Health (HMO D-SNP) at 1-855-463-0933, (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp).

G. How to file a complaint or appeal a denied service

If you have a complaint or think Aetna Medicare Better Health (HMO D-SNP) should cover something we denied, call Member Services. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the *Evidence of Coverage*. You can also call Aetna Medicare Better Health (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

To file a complaint (also called **grievance**) or an **appeal** about medical care, call 1-855-463-0933 (TTY: [711](tel:711)) or write to:

Appeals and Grievances
PO Box 818070
Cleveland, OH 44181

To file a complaint (also called **grievance**) about prescription drugs, call 1-855-463-0933 (TTY: [711](tel:711)) or write to:

Appeals and Grievances
PO Box 818070
Cleveland, OH 44181

To file an **appeal** about prescription drugs, call 1-855-463-0933 (TTY: [711](tel:711)) or write to:

Part D Appeals Pharmacy Department
4750 S 44th Pl Suite 150
Phoenix, AZ 85040

To file an **Independent Medical Review** request, call 1-855-463-0933 (TTY: [711](tel:711)) or write to:

Appeals and Grievances
PO Box 818070
Cleveland, OH 44181

To file an **Independent Medical Review** complaint, call 1-855-463-0933 (TTY: [711](tel:711)) or write to:

Appeals and Grievances
PO Box 818070
Cleveland, OH 44181

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, contact us.

- Call us at Aetna Medicare Better Health (HMO D-SNP) Member Services. Phone numbers are 1-855-463-0933, (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free.
- Or, call Virginia Medicaid Managed Care Helpline at 1-800-643-2273. TTY users may call [1-800-817-6608](tel:1-800-817-6608).



If you have questions, please call Aetna Medicare Better Health (HMO D-SNP) at 1-855-463-0933, (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetnabetterhealth.com/virginia-hmosnp).

- Call Virginia's Medicaid Fraud Control Unit at 1-800-371-0824 or 1-804-371-0779 (TTY users dial [711](#) for Virginia Relay) or by email at MFCU_mail@oag.state.va.us.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call [1-877-486-2048](tel:1-877-486-2048). You can call these numbers for free, 24 hours a day, 7 days a week.



If you have questions, please call Aetna Medicare Better Health (HMO D-SNP) at 1-855-463-0933, (TTY: [711](#)), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit AetnaBetterHealth.com/Virginia-hmosnp.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, call Aetna Medicare Better Health (HMO D-SNP) Member Services:

1-855-463-0933, (TTY: [711](tel:711))

Calls to this number are free. You can call 8 AM to 8 PM, 7 days a week.

Aetna Medicare Better Health (HMO D-SNP) also has free language interpreter services available for non-English speakers.

If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call the Aetna Medicare Better Health (HMO D-SNP) 24-Hour Nurse Line. A nurse will listen to your problem and tell you how to get care. (Example: convenience care, urgent care, emergency room). The number for the Aetna Medicare Better Health (HMO D-SNP)'s Nursing Hotline is:

1-855-463-0933, (TTY: [711](tel:711))

Calls to this number are free. Registered nurses are available 24 hours a day, 7 days a week.

Aetna Medicare Better Health (HMO D-SNP) also has free language interpreter services available for non-English speakers.

If you need immediate behavioral health care, please call the Behavioral Health Line:

1-855-463-0933, (TTY: [711](tel:711))

Calls to this number are free. You can call 8 AM to 8 PM, 7 days a week.

Aetna Medicare Better Health (HMO D-SNP) also has free language interpreter services available for non-English speakers.

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If you have questions, please call Aetna Medicare Better Health (HMO D-SNP) at 1-855-463-0933, (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp).

Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-844-934-3324 (TTY: 711)**. From October 1 to March 31, you can call us 7 days a week from 8 AM to 8 PM local time. From April 1 to September 30, we're here Monday through Friday from 8 AM to 8 PM local time.

Understanding the benefits

- The *Evidence of Coverage* (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp) or call **1-844-934-3324 (TTY: 711)** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding important rules

- Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. The Part B premium is covered for full-dual members.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2026.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website, call the phone number listed in this material or the phone number on your benefit ID card.

In addition, our health plan provides auxiliary aids and services, free of charge, when necessary, to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Our health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, visit our website, call the phone number listed in this material or on your benefit ID card.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievance Department (write to the address listed in your *Evidence of Coverage*). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: [711](#)). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf.